

Good day,

**Please read the following guidelines carefully**

**Any requests that do not comply with these guidelines will be rejected** and you will have to submit a new request.

**APPLICANT'S GUIDELINES**

1. **Complete one form per "type" of request**
2. Save the form (**save-as**), in the current format, by renaming it with your coordinates (first and last name\_institution\_type of request - e.g.: Patricia Paré CIUSSSE-CHUS).
3. Complete **Section A - Applicant**
4. Insert your signature (**.jpg format**) using the icon and the date of the request
5. Complete sections **B, C, D or E** based on the type of request
6. Save the form
7. Return the form, duly completed, by email to the following address [msi.cess@ssss.gouv.qc.ca](mailto:msi.cess@ssss.gouv.qc.ca), making sure to indicate the type of request **in the subject line** (e.g.: Video request)

<b>IMAGE request:</b>
<ol style="list-style-type: none"> <li>1. Complete section B</li> <li>2. Insert each image requested using the icon and resize in their intended space (selecting the outer corner)</li> <li>3. Indicate the "Title of the OCP"</li> <li>4. Select the topic corresponding to the image</li> <li>5. Indicate the total number of images requested</li> </ol>
<b>VIDEO request:</b>
<ol style="list-style-type: none"> <li>1. Complete section C</li> <li>2. Indicate the "Title of the video"</li> <li>3. Select the topic corresponding to the video</li> <li>4. Indicate the total number of videos requested</li> </ol>
<b>DOCUMENT request:</b>
<ol style="list-style-type: none"> <li>1. Complete section D</li> <li>2. Indicate the "Title of the document"</li> <li>3. Select the topic corresponding to the document</li> <li>4. Indicate the total number of videos requested</li> </ol>
<b>OTHER requests:</b>
<ol style="list-style-type: none"> <li>1. Complete section E</li> <li>2. Specify what is your "Other" request</li> <li>3. Select the topic corresponding as needed</li> </ol>

Thank you, your request will be processed as soon as possible!

The OCP Team

## Miscellaneous request form – Online Care Procedures (OCP)

### SECTION A : APPLICANT

First and last name:		
Title:		
Email:		
Phone:		Ext.
Institution:		
Type of request:	Sélectionner un type	
Other, specify:		
Intended use/distribution:		

#### I understand and I agree that:

- The requested information is used for educational purposes, training and clinical use in the Quebec health network **within our institution only**.
- The "Applicant", including all persons from the cited institution, have no use/distribution rights other than the type requested and mentioned above.
- Notwithstanding the signing hereof, the Centre d'expertise en santé de Sherbrooke retains and reserves all rights, including copyrights on the images and the Online Care Procedures.

Applicant's signature:

Date of signature:

### AUTHOR'S PERMISSION

I hereby consent and grant the present individuals, for a period of one-year, express permission to use the informations cited in sections B, C, D and E that are included in the ***Online Care Procedures (OCP)*** platform. This agreement will be tacitly renewed each year unless otherwise specified. The information will be made available by the Centre d'expertise en santé de Sherbrooke (non-profit organization):

CESS representative's signature: OCP clinical advisor and coordinator Martine Longtin, inf. M. Sc	Date:
Note:	Date:

**SECTION B: IMAGE**

INSERT IMAGE(S)	TITLE OF OCP(s)	TOPIC
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
<b>Number of images requested:</b>	<b>TOTAL</b>	

**SECTION C: VIDEO**

VIDEO TITLE(S)	TITLE OF OCP(S)	TOPIC
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
<b>Number of videos requested:</b>	<b>TOTAL</b>	

**SECTION D: DOCUMENT**

	DOCUMENT TITLE(S)	TITLE OF OCP(S)	TOPIC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	<b>Number of documents requested:</b>	<b>TOTAL</b>	

**SECTION E: OTHER**

	DETAILS OF THE REQUEST(S)	TITLE OF OCP(S)	TOPIC
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	<b>Number of documents requested:</b>	<b>TOTAL</b>	